

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) <u>Douglas</u>	L. Patch			
II. Name of lobbyist's partnership	o, firm or corporation, if a	ny:		
Orr & Reno, P.A. (Name of partnersh	ip, firm or corporation)			
45 S. Main Street, PO Box 3550	Concord	NH	03302-3550	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) 224-2381 (Telephone)	(603) <u>224-2318</u> (Fax	e-mail <u>dpatch@</u>	orr-reno.com	
III. This statement covers: (Chooseportable expense transactions w	se one – file separate repo	rts for each client, OR you m	nay file a separate report for	
All reportable transactions occu	rring in the months prior to	the reporting date relative to t	the following client:	
New Hampshire Association of (Full Name of OR	f Fire Chiefs of Client as it appears on the Lo	obbyist Registration Form)		
All reportable transactions by the unrelated to any particular client.	e lobbyist (including the lob	obyist's family), or the lobbyir	ng firm listed below which are	
IV. Date of Report April 24, 2 Reports cover: activity from date of	019 🔀 fregistration to 3/31/19	July 31, 2019 [] activity from 4/1/19 to 6/30/1	9	
October 30 activity from 7), 2019 🗌 /1/19 to 9/30/19	January 29, 2020 activity from 10/1/19 to 12/3	1/19	
V. There have been no fees rec If this box is checked, complete just Concord, NH 03301.				
VI. Check if additional reports ar	e attached:			
If you have received fees or ma	de expenditures, you must	file Addendum A- Fees and E	Expenses	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement				
☑ If you, your firm, or your famil	y has made political contrib	outions, you must file Addend	um C- Political Contributions	
Sworn Statement/Affirmation by I have read RSA 15-B-RS and complete to the best of my know	A 14-C and RSA 664 and h	nereby swear or affirm that the	foregoing information is true	
()//w		<u>04/24/19</u>		
(Signature of lobbyist)		(Di	ate)	
Douglas L. Patch (Print Name of lobbyist)				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Douglas L. Patch		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Fire Chiefs	Date _	04/24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations,	or public relations services
a) Total of all fees received in this reporting period	a) \$	7,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	7,500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and in may be file aggregate apenses; (but the control of t	f expenditures are made by a d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all urchased during a busines that is given to the personalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of but not greater than \$50 eimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees duri	ng this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
•		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the forego	oing information
is true and complete to the best of my knowledge and belief.	ii tilut tilo roroge	mg mormanon
l N DA		
1 Two	04/24/19	
(Signature of lobbyist)	(Date))
Douglas L. Patch		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Douglas L. Patch
Name of Lobbying partnership, firm, or corporation	on: Orr & Reno, P.A.
Name of Client (leave blank if Statement is for the	e partnership, firm, or corporation and not related to any
particular client): New Hampshire Association o	of Fire Chiefs
Date of Report (check one):	
April 24, 2019 🖄 July 31, 2019 □ O	October 30, 2019 ☐ January 29, 2020 ☐
	tatement of Income and Expenses described above, and tatement (insert the number of Addendum forms being
X Addendum A(s).	
Addendum B(s).	
x Addendum C(s).	
I hereby swear or affirm that the foregoing inforn complete to the best of my knowledge and belief. (Signature of Obbyist)	nation on the Statement and each Addendum is true and 04/24/19 (Date)
1	•
Douglas L. Patch	_
(Print Name of lobbyist)	